

MEDICAL RECORD - PROCEDURE AND SITE VERIFICATION RECORD

For use of this form, see MEDCOM Cir 40-17

Name of Procedure/Surgery:

| PROCESS | STAFF'S SIGNATURE* | INITIALS* | DATE AND |
|--|----------------------------------|-----------|----------|
| 1st verification (ward/ambulatory procedure unit/clinic). Prior to pre-op medication administration. I verified all of the following: <ol style="list-style-type: none"> Intended procedure (with side/level/site) is written clearly on consent and consent is signed by provider. Patient identified using two patient identifiers. Patient/parent/guardian and witness have signed the consent. Patient/parent/guardian verbalizes understanding of the intended procedure and points to the site. | Licensed Staff Member** | | |
| 2nd verification - Operating provider (ward/ambulatory procedure unit/clinic/holding area). Prior to pre-op medication administration. I verified all of the following: <ol style="list-style-type: none"> Correct patient. Procedure (with side/level/site) and operating provider listed on consent are correct. With patient's involvement, I have written my initials on the surgical site. Note: Patient refusal of marking will be annotated by the operating provider in the patient's medical record. | Operating Provider | | |
| 2nd verification - Anesthesia provider and OR nurse/licensed staff member (holding area). Prior to pre-op medication administration. verified all of the following: <ol style="list-style-type: none"> Patient, procedure (side/level/site), and operating provider listed on consent are correct. Consent matches H&P or progress note. The operating provider's initials have been written on the operative site. | Anesthesia Provider | | |
| | OR Nurse/Licensed Staff Member** | | |
| 3rd verification/TIME OUT - OR nurse/licensed staff member (OR or procedural area). Prior to incision I verified all of the following: <ol style="list-style-type: none"> Patient's ID (name and SSN) has been reviewed and is consistent with the consent. The operating provider verbally confirmed (TIME OUT) with the team the following: <ol style="list-style-type: none"> Patient's name, procedure, side/level/site, position, implant(s) and special equipment (as applicable). The patient information is consistent with the consent and H&P or progress note. Scans/x-rays available per operating provider's request. | OR Nurse/Licensed Staff Member** | | |

*Write the signature and initials once; thereafter, only initials are required.

**In outpatient clinics not requiring a licensed staff member's participation in the procedure, the verification will be completed by the non-licensed staff in attendance at the procedure.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; FMP/SSN; date; hospital or medical facility)

Notes: